APPLICATION FOR CONDITIONAL USE PERMIT (Submit two copies to the Board of Adjustment)

Application No.______

Name(Applicant)	Address
A clear and accurate descripti	ion of proposed work or use
	and Protection Ordinance under which it is claimed the
	ting property owners
Name and addresses of all abut	

FOR OFFICE USE ONLY

Certificate for Conditional Use Issued (Date) (Reg. Mail No.)
Conditional Use Permit, Refused (Date) (Reg. Mail No.)

By Chairman, Board of Adjustment